

MHLA PROVIDER BULLETIN # 5 - Revised

December 2, 2015



* Please note a change in the call-in number for the conference call on Tuesday, December 8th.

* Please note a change/additional info in the “Redetermination/Re-Enrollment” section (3rd bullet)

This is to inform you that the Board of Supervisors’ approved important programmatic and administrative changes to the MHLA Agreement effective **November 17, 2015**. The changes to the MHLA Agreement, outlined below, are intended to make it easier for eligible people to enroll into the program and make it easier for Community Partners (CPs) to have more enrollment sites. There are also important changes to the pharmacy program to prepare clinics for “Pharmacy Phase II”, scheduled to launch in February 2016.

You will soon receive a MHLA contract amendment from the Contracts and Grants unit with these changes reflected. Please sign and return this amendment to them as soon as possible if you have not already. In addition, if you are making any changes to your site or agency profile, including but not limited to adding enrollment sites, you must submit the attached Contractual Change Request forms and submit to Mayra Palacios, MHLA Contract Administration Unit, at mpalacios@dhs.lacounty.gov.

The administrative and programmatic changes to the MHLA Agreement are as following:

- Removes the Health Care Options (HCO) Clinic Code requirement for adding new clinic sites: Clinics will now be able to demonstrate enrollment as a current, active provider in a Medi-Cal Managed Care program by producing verification from a Medi-Cal Managed Care HCO or contracted Health Plan, rather than having to possess a valid HCO Clinic Code number.
- Revises the age limits for Child Health and Disability Prevention Program (CHDPP) program: This change amends the definition of a child from age 16 to age 21 for contractors that provide pediatric Primary Health Care Services to MHLA children and who are CHDPP approved in order to mirror the State’s definition of a child under the CHDPP program.
- Simplifies the Redetermination/Re-Enrollment process (Revised!): This change allows a renewing adult MHLA Participant with a signed Rights and Declaration (RD) on file to qualify to have one person in the household renew on behalf of everyone in that household, so long as all required documentation (i.e. proof of income, proof of residency) is provided for every member of the household. If a Participant signed a RD during the initial application process and there is no break in coverage (coverage uninterrupted for 12 months) the Participant is **not** required to sign another RD during the renewal. When One-E-App (OEA) prompts the enroller to upload a copy of the RD verification document for a Participant with an RD already on file, the enroller should check “received,” but a new RD does not need to be uploaded. If the enroller is adding and aiding a new adult on the case, that individual is required to sign a RD for the record.
- Adds MHLA Enrollment Sites: This change expands the number of sites where applications for enrollment (and re-enrollment) into MHLA may be taken to include the newly defined

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Administrative Enrollment Sites. An Administrative Enrollment Site is a site that is not a Clinic Site (i.e., it is not a clinic where health care services are provided), but is part of the Clinic's organization where the Clinic does eligibility determination and processes enrollments for health insurance (e.g., Medi-Cal, Covered California). In order for a clinic to add an Administrative Enrollment Site to their MHLA contract, the site must be a commercial or medical space, be open to the public, be open year-round, with a minimum of five (5) days per week, be welcome to walk-ins, and staffed with Certified Enrollment Counselors (CECs), Certified Application Counselors (CACs) and/or enrollers who have completed the We've Got You Covered Training. Administrative Enrollment Sites must also be fully equipped with all of the necessary equipment (e.g., computers/laptops with Internet access, printers, copiers, scanners, etc.) such that an enrollment at an Administrative Enrollment Site is the same as if the enrollment had taken place at the Medical Home.

- Expands the definition (and therefore number) of Medical Home Sites (MHLA enrollment can occur at Medical Home sites): This change expands the definition of Medical Home to include part time Clinic Sites (i.e. clinics operating less than 35 hours per week). It also allows Mobile Clinics to be medical homes/enrollment sites, so long as the Mobile Clinic operates on either a predictable, fixed, and reoccurring schedule that may include multiple physical locations or at a fixed, single location. The definition of "Satellite Site" was also amended to allow satellite sites to participate as a Medical Home/enrollment site so long as the site operates under the license of its 'parent' clinic (i.e. these satellite sites do not need to be independently licensed in order to be Medical Homes).
- Adds Certified Application Counselors (CACs) as individuals who may take and submit program applications. Previously referred to as Certified Enrollment Counselors (CECs), this is a new designation of enroller that may take MHLA applications.
- Adds a new exhibit (B.3) regarding - Encounter Data Submission. This exhibit clarifies existing obligations of CPs related to the submission of monthly Encounter Data within 60 days to the Department on behalf of enrolled MHLA Participants who receive a service.
- Makes changes to dental allocations and dental claim submission for the Dental Care Services program: For those CPs with a dental contract, this change removes Dental Care Provider's maximum dental allocation and therefore eliminates the Request for Information (RFI) process for dental fund reallocations. The amendment also revises dental claims submission deadlines to state that all dental claims must be submitted to AIA within sixty (60) days after the service date. Claims submitted later than this timeframe will be rejected and will not be paid.
- Changes the definition of "eligible person" to reflect MHLA eligibility to be for eligible individuals age 19 and over once SB 75 is implemented. Effective upon the implementation of the state bill SB 75, no sooner than May 1, 2016, individuals age 0-18 will become eligible for full scope Medi-Cal regardless of immigration status. As such, they will no longer be eligible for MHLA.

The pharmacy-related changes to the MHLA Agreement are as follows:

- Makes registering/using the DHS Central Pharmacy optional. This change requires only those clinics who intend to utilize the DHS Central Pharmacy to fill 340B pharmaceuticals to register th

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e DHS Central Pharmacy with the Health Resource and Services Agency (HRSA) and enter into a 340B Agreement with the County.

- Allows the continued use of on-site dispensaries with certain conditions. This change authorizes allows the use of onsite dispensaries by clinics in Pharmacy Phase II so long as the dispensary has a valid State Board of Pharmacy permit, meets all State regulations for drug dispensing, and submits daily (within 24 hours) dispensing data to the Pharmacy Services Administrator (PSA).
- Establishes reimbursement rates for prescription pharmaceuticals for drugs dispensed from on-site dispensaries and pharmacies.
 - For medications dispensed by an onsite State licensed pharmacy which is included in the MHLA pharmacy network, the pharmacy will be paid either the current clinic wholesaler's 340B price and a dispensing fee, or four dollars (\$4.00) for a thirty (30)-day supply for designated drugs. The dispensing fee will be established directly between the onsite licensed pharmacy and Ventegra, the PSA of the County.
 - For medications dispensed by a dispensary, clinics will be paid a flat fee of four dollars (\$4.00) per thirty (30)-day supply of generic formulary agents. For those formulary agents (or non-formulary agents for which the clinic has obtained a prior authorization) that have a 340B drug ingredient cost exceeding four dollars [\$4.00] per thirty [30] days), the clinic will be paid the medication's 340B drug ingredient cost plus an administrative fee of five dollars (\$5.00). Drugs dispensed through a Patient Assistance Program (PAP) are not reimbursable.
- Requires written notice for patients obtaining pharmaceuticals through dispensaries to be apprised of their options. Consistent with Business and Professions Code 4170 (a) (7), clinics must provide all MHLA Participants with written disclosure that the Participant has a choice between obtaining the prescription from a dispensary or obtaining the prescription at a network pharmacy of the patient's choice.

This Provider Bulletin is intended to be a summary overview of the major contractual changes to the MHLA Agreement. It is not an exhaustive list of every change, therefore clinics are strongly encouraged to review and understand all of the MHLA amendments before signing the amendment and returning to the DHS Contracts and Grants unit.

MHLA Conference Call on Provider Bulletin #5

Change in the conference call-in number! A conference call to discuss the contents of this Provider Bulletin will be held on **Tuesday, December 8, 2015 at 9am**. Clinic leadership, billing, enrollment, pharmacy, dental and general operations staff are strongly encouraged to participate. Call **1-(800) 230-1096 (new number!)** join (there is no passcode). We kindly ask multiple staff in a clinic to use one phone if possible.

If you have any questions about this Provider Bulletin, please contact your Program Advocate.

If you or anyone at your clinic would like to be added to the distribution list for Provider Bulletin and other notices, please email Kiet Van at kvan@dhs.lacounty.gov.